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# NEW MEXICO OIL CONSERVATION COMMISSION

Santa Fe, New Mexico

(Form C-10)  
Revised 7/1/57

## REQUEST FOR (OIL) - (GAS) ALLOWABLE

New Well  
Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-101 was sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

**TEXACO Inc., Midland, Texas, P.O. Box 352**  
(Place)

**October 24, 1960**  
(Date)

WE ARE HEREBY REQUESTING AN ALLOWABLE FOR A WELL KNOWN AS:

**TEXACO Inc.** (Company or Operator) **C.H. Lockhart NCT-1** (Lease), Well No. **5**, in **NE**  $\frac{1}{4}$  **NW**  $\frac{1}{4}$ ,

**C** (Unit Letter), Sec. **18**, T. **22-S**, R. **38-E**, NMPM., **Tubb** Pool

**Lea** County, Date Spudded **7-10-53**, Date Drilling Completed **8-22-53**

Please indicate location:

D	C	B	A
	X		
E	F	G	H
L	K	J	I
M	N	O	P

Elevation **3353' (D.F.)**, Total Depth **7110**, PBTD **- -**

Top Oil/~~Gas~~ Pay **6170'**, Name of Prod. Form. **Tubb**

### PRODUCING INTERVAL -

Perforations **6170' to 6210'**

Open Hole **None**, Depth **6840**, Casing Shoe **6715'**

### OIL WELL TEST -

Natural Prod. Test: \_\_\_\_\_ bbls. oil, \_\_\_\_\_ bbls. water in \_\_\_\_\_ hrs, \_\_\_\_\_ min. Choke Size \_\_\_\_\_

Test After Acid or Fracture Treatment (after recovery of volume of oil equal to volume of load oil used): **70** bbls. oil, **0** bbls. water in **6** hrs, **0** min. Choke Size **20/64"**

### GAS WELL TEST -

Natural Prod. Test: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_ Choke Size \_\_\_\_\_

### Tubing, Casing and Cementing Record

Size	Feet	Sax
13-3/8	382	450
8-5/8	2818	1600
5-1/2	6831	500
2-1/16	6705	

Method of Testing (pitot, back pressure, etc.): \_\_\_\_\_

Test After Acid or Fracture Treatment: \_\_\_\_\_ MCF/Day; Hours flowed \_\_\_\_\_

Choke Size \_\_\_\_\_ Method of Testing: \_\_\_\_\_

Acid or Fracture Treatment (Give amounts of materials used, such as acid, water, oil, and sand): \_\_\_\_\_

Casing Press. **Plr**, Tubing Press. **850**, Date first new oil run to tanks **October 15, 1960**

Oil Transporter **Texas New Mexico Pipe Line**

Gas Transporter **El Paso Natural Gas Company**

Remarks: **Perforate 5-1/2" casing with 2 jet shots per ft 6170' to 6210'. Acidize with 2000 gals LST acid. Frac with 10,000 gals refined oil and 10,000 lbs sand.**

I hereby certify that the information given above is true and complete to the best of my knowledge.

Approved **OCT 25 1960**, 19\_\_\_\_\_

**TEXACO Inc.**  
(Company or Operator)

By: **J. G. Elevins, Jr.**  
(Signature)

Title **Assistant District Superintendent**  
Send Communications regarding well to:

Name **J. G. Elevins, Jr.**

Address **P.O. Box 352, Midland, Texas**

OIL CONSERVATION COMMISSION

By: **[Signature]**

Title \_\_\_\_\_